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HAD	DEVOCATION	ON OF POWER OF	Filing Date	Janua	ry 25, 2001	
	REVOCATION	First Named Invent	or Witti	<u>g, Michael l</u>	믜	
	All	Group Art Unit				
		Examiner Name			_	
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	REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: Application Number 09/770,939 Filing Date January 25, 2001 First Named Inventor Wittig, Michael Group Art Unit Examiner Name Attorney Docket Number I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: A Power of Attorney or Authorization of Agent is submitted herewith. OR Y Please change the correspondence address for the above-identified application to: Place Customer Number Bar Code Label here OR					
	Firm or Individual Name Michael B. Wittig					
Ì	Address 355 Mariposa Ave. #5					
	Address					
	City Mountain View					4
	Country	United State	State	CA	ZIP 94041	\Box
	Telephone	(650) 964-66	41 Fax	(419)	781-3806	
	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record					
	Name Michael B. Wittig					
	Signature	$h \wedge \bar{c}$				

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13 December 2002

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